

SALARY GARNISHMENT**CHILD SUPPORT/FAMILY SUPPORT**

STD. 639 CFS (REV. 5/2009)

ATTACHMENT H-2 EXAMPLE 14
**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT
UNIT. SUBMIT ORIGINAL, ONE COPY AND COURT ORDER.**

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

1. AGENCY NAME COMPLETE			4. POSITION NUMBER			
			(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX			XXX	XXX	XXXX	XXX
3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX						
5. EFFECTIVE DATE 02/13/07			6. ACTION TYPE			
			<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input checked="" type="checkbox"/> CANCELLATION OF GARNISHMENT			
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY			ORIGINAL EFFECTIVE DATE 12/23/06			
8. GARNISHMENT TYPE (038)						
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)						
B. (399/002) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)						
						9. ARREARAGES \$ 10,000.00
10. COMPLETE FOR USE BY DEPARTMENT OF CHILD SUPPORT SERVICES ONLY						

EMPLOYEE ADDRESS

☞ **C O M P L E T E**

C O M P L E T E

EMPLOYEE DATE OF BIRTH (MM/DD/YYYY)

☞ **X X X X X X**

11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B.)

- A. ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER
- B. ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH \$
- C. ☐ SUPPORT EXEMPTION AMOUNT \$
- D. ☒ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH \$ **200.00**

12. WARRANT TO BE MADE PAYABLE TO

ENTER CASE NUMBER

☞ **C O M P L E T E**

PAYEE NAME

☞ **C O M P L E T E**

**C / O SDU
PO BOX 989067
WEST SACRAMENTO CA 95798**

13. REMARKS

14. FORM COMPLETED BY

COMPLETE

TELEPHONE NUMBER AND EXTENSION

COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE
COMPLETE

DATE

TYPED NAME

COMPLETE